



# TRICARE Covered Benefits and Costs



## Outpatient Services Outside of a Military Treatment Facility (MTF)

Service	TRICARE Prime**	TRICARE Extra*	TRICARE Standard*
<b>Ancillary Services</b>	Per visit <b>ADFM:</b> No copayment <b>Retirees/others:</b> No copayment	<b>ADFM:</b> 15% of contracted reimbursement <b>Retirees/others:</b> 20% of contracted reimbursement	<b>ADFM:</b> 20% of the maximum allowable charge <b>Retirees/others:</b> 25% of the maximum allowable charge
<b>Ambulance Services</b>	Per occurrence <b>ADFM:</b> No copayment <b>Retirees/others:</b> \$20 copayment	<i>Same as above</i>	<i>Same as above</i>
<b>Ambulatory Surgery (same day)<sup>(1)</sup></b>	Per occurrence <b>ADFM:</b> No copayment <b>Retirees/others:</b> \$25 copayment	<b>ADFM:</b> \$25 copayment <b>Retirees/others:</b> Professional and Facility—20% of contracted reimbursement	<b>ADFM:</b> \$25 copayment <b>Retirees/others:</b> Professional—25% of the maximum allowable charge; Facility—25% of the group rate or 25% of billed charges; whichever is less
<b>Durable Medical Equipment (DME), Prosthetic Devices and Medical Supplies (prescribed by a physician)<sup>(1)(3)</sup></b>	<b>ADFM:</b> No copayment <b>Retirees/others:</b> 20% of contracted reimbursement	<b>ADFM:</b> 15% of contracted reimbursement <b>Retirees/others:</b> 20% of contracted reimbursement	<b>ADFM:</b> 20% of the maximum allowable charge <b>Retirees/others:</b> 25% of the maximum allowable charge
<b>Emergency Services<sup>(1)</sup></b>	Per visit <b>ADFM:</b> No copayment <b>Retirees/others:</b> \$30 copayment	<i>Same as above</i>	<i>Same as above</i>
<b>Eye Examinations</b> <i>One routine eye exam per year for ADFM.</i>	<b>ADFM:</b> No copayment <b>Retirees/others:</b> Not covered	<b>ADFM:</b> 15% of contracted reimbursement <b>Retirees/others:</b> Not covered	<b>ADFM:</b> 20% of the maximum allowable charge <b>Retirees/others:</b> Not covered
<b>Individual Provider Services (e.g., office visits, allergy tests, rehabilitation services)<sup>(1)</sup></b>	Per visit <b>ADFM:</b> No copayment <b>Retirees/others:</b> \$12 copayment	<b>ADFM:</b> 15% of contracted reimbursement <b>Retirees/others:</b> 20% of contracted reimbursement	<b>ADFM:</b> 20% of the maximum allowable charge <b>Retirees/others:</b> 25% of the maximum allowable charge
<b>Immunizations for Required Overseas Travel</b>	Per visit <b>ADFM:</b> No copayment <b>Retirees/others:</b> Not covered	<b>ADFM:</b> 15% of contracted reimbursement <b>Retirees/others:</b> Not covered	<b>ADFM:</b> 20% of the maximum allowable charge <b>Retirees/others:</b> Not covered
<b>Laboratory and X-ray Services (provided as part of an office visit)<sup>(1)(2)</sup></b>	Per visit <b>ADFM:</b> No copayment <b>Retirees/others:</b> \$12 copayment	<b>ADFM:</b> 15% of contracted reimbursement <b>Retirees/others:</b> 20% of contracted reimbursement	<b>ADFM:</b> 20% of the maximum allowable charge <b>Retirees/others:</b> 25% of the maximum allowable charge

\*Cost-share is applied after deductible has been satisfied.

\*\*Benefits under TRICARE Prime Remote (TPR) and TRICARE Prime Remote for Active Duty Family Members (TPRADFM) are similar to TRICARE Prime.

1. TRICARE Standard beneficiaries may pay up to 15 percent above the maximum allowable charge when the provider does not accept assignment (balance billing).

2. If provided as part of an office visit and a copayment is collected for the visit under TRICARE Prime, no additional copayment will be collected for these services.

3. Requires prior authorization for TRICARE Prime, TPR, and TPRADFM.

# TRICARE

## Covered Benefits and Costs

Inpatient Services (MTF and Civilian Facility)†			
Service	TRICARE Prime**	TRICARE Extra*	TRICARE Standard*
<b>Hospitalization</b> <sup>(1)(2)(3)</sup> Semiprivate room (and when medically necessary, special care units), general nursing, and hospital service	<b>ADFM:</b> No copayment <b>Retirees/others:</b> <u>MTF:</u> \$13.90 per day <u>Civilian:</u> \$11 per day or \$25 minimum charge per admission, whichever is greater. (No separate copayment for separately billed professional charges. Catastrophic Cap protection limits do apply.)	<b>ADFM:</b> <u>MTF:</u> \$13.90 per day <u>Civilian:</u> \$13.90 per day or \$25 minimum charge per admission, whichever is greater. <b>Retirees/others:</b> <u>MTF:</u> \$13.90 per day <u>Civilian:</u> \$250 per day or 25% cost-share of the total contracted reimbursement for institutional services, whichever is less, plus 20% cost-share of separately billed professional charges based on the contracted reimbursement.	<b>ADFM:</b> <u>MTF:</u> \$13.90 per day <u>Civilian:</u> \$13.90 per day or \$25 minimum charge per admission, whichever is greater. <b>Retirees/others:</b> <u>MTF:</u> \$13.90 per day <u>Civilian:</u> \$512 per day or 25% cost-share of billed charges, whichever is less, plus 25% cost-share of the maximum allowable charge for separately billed professional charges.
<b>Maternity</b> <sup>(1)(2)</sup> Hospital and professional services (prenatal, postnatal)	Same as above	Same as above	Same as above
<b>Skilled Nursing Facility Care</b> <sup>(1)(4)(5)</sup> Semiprivate room	Same as above	<b>ADFM:</b> <u>MTF:</u> \$13.90 per day <u>Civilian:</u> \$13.90 per day or \$25 minimum charge per admission, whichever is greater. <b>Retirees/others:</b> <u>MTF:</u> \$13.90 per day <u>Civilian:</u> Lesser of \$250 per day or 20% of the Medicare Prospective Payment System, plus 20% of the negotiated professional fee.	<b>ADFM:</b> \$25 per admission or \$13.90 per day, whichever is greater. <b>Retirees/others:</b> 25% cost-share of allowed charges, plus 25% cost-share of the maximum allowable charge for separately billed professional charges.

† Cost-shares reflecting a dollar amount are subject to change (i.e. \$13.90 per day).

\*Cost-share is applied after deductible has been satisfied.

\*\*Benefits under TPR and TPRADFM are similar to TRICARE Prime.

1. Cost-share and daily inpatient charges are subject to change at the beginning of each fiscal year (October 1—September 30).

2. TRICARE Standard beneficiaries may pay up to 15 percent above the maximum allowable charge when the provider does not accept assignment (balance billing).

3. TRICARE Standard cost-share for retirees may vary depending on type of treatment or type of hospital.

4. Requires prior authorization for TRICARE Prime, TPR, and TPRADFM.

5. Patient must have a 3-day inpatient admission stay prior to being admitted to a SNF.

Clinical Preventive Services			
Service	TRICARE Prime	TRICARE Extra	TRICARE Standard
<b>Clinical Preventive Examinations</b> <sup>(1)</sup>	No copayment <i>Clinical preventive services are an enhanced benefit under TRICARE Prime.</i>	Applicable cost-share and deductible apply.	Applicable cost-share and deductible apply.
<b>Immunizations</b>	No copayment	Applicable cost-share and deductible apply.	Applicable cost-share and deductible apply.
<b>Patient and Parent Education or Counseling Services</b>	No copayment	Applicable cost-share and deductible apply.	Applicable cost-share and deductible apply.
<b>Periodic Screening Exams, including:</b> • Cancer Screening • Routine Pap Smears • Infectious Disease Screening • Cardiovascular • Hearing	No copayment	Applicable cost-share and deductible apply.	Applicable cost-share and deductible apply.
<b>Well-Child Care</b>	No copayment	Applicable cost-share and deductible apply.	Applicable cost-share and deductible apply.

1. TRICARE Prime beneficiaries may receive clinical preventive services from any network provider without a referral or prior authorization.